

CITY OF BROOKLYN

7619 Memphis Avenue
Brooklyn, OH 44144
Phone: (216) 351-2133 ♦ Fax: (216) 351-5800

November 15, 2012

ATTENTION CONTRACTORS:

Enclosed is a City of Brooklyn Contractor Registration Form, Ohio Utility Protection Services Form and a Contractor Questionnaire.

If your company provides services specified on the Questionnaire, please fill it out and submit it with your Registration Form. This information will allow the Building Department to assist residents seeking qualified Contractors.

A separate registration fee is required for EACH Contractor classification (General, Electric, Plumbing and/or HVAC). Contractor Registration for the year 2013 will commence on December 1, 2012. ALL FORMS MUST BE COMPLETED (TYPED OR PRINTED CLEARLY). INCOMPLETE OR UNREADABLE FORMS WILL BE RETURNED.

Included in this packet is a statement which ALL contractors MUST sign acknowledging that you are aware of your responsibility to notify the Ohio Utility Protection Service when and if you dig. You may contact the Ohio Utility Protection Service at 1-800-362-2764 for further information.

NOTE: You MUST request inspections a MINIMUM of 24 hours in advance.

We will make every attempt to provide timed inspections, but we CANNOT guarantee prompt arrival at all times.

Sincerely,
City of Brooklyn
Barbara Stanton
Barbara Stanton,
Building Department Secretary

APPLICATION FOR CONTRACTORS REGISTRATION – YEAR 2013**CITY OF BROOKLYN, OHIO**

7619 Memphis Avenue, Brooklyn, OH 44144-2197 ♦ Phone: (216) 351-2133 ♦ FAX: (216) 351-5800

TYPE OR PRINT CLEARLY**FEE: \$ 100.00 EACH REGISTRATION**

DATE: ____/____/____

2013 REGISTRATION NO.: _____****NOTE –** A separate registration is required for **EACH** classification.Cash / Check # _____ MasterCard / VISA #: _____ - _____ - _____
Exp. Date: ____/____/____ Billing Address: _____ Zip: _____ 3 Digit Code _____

In accordance with the requirements of the Codified Ordinances of the City of Brooklyn, Ohio, the undersigned does hereby make application for a Certificate of Registration as a -- **GENERAL (Includes Low Voltage Electrical and Fire Protection) PLUMBING -- HVAC -- ELECTRICAL** Contractor and in consideration of said Certificate submits: (Circle appropriate field, and fill out separate registration forms for EACH registration). ALL FIELDS REQUIRED TO BE COMPLETED.

Business Name: _____ Applicant: _____ Title: _____
Address: _____ City, State, Zip: _____
Phone: (____) _____ - _____ Fax: (____) _____ - _____ Cell / Pager# (____) _____ - _____
E-Mail: _____

Insurance Expiration Date: ____/____/____ Number of Employees: _____ FEDERAL ID / SSN #: _____

Officers of the Company: (Name, Address and Title) **Business Type:** Corporation -- Partnership -- Sole Proprietor / OwnerName: _____ Address: _____ Title: _____
Name: _____ Address: _____ Title: _____

- ❖ **Certificate of Insurance naming the City of Brooklyn as Certificate Holder MUST BE ATTACHED (or faxed) (Minimum \$300,000.00) **** NO BOND IS REQUIRED ******
- ❖ **Electrical, Plumbing, and HVAC Contractors MUST attach a copy of their State of Ohio License.**
- ❖ **Electrical, Plumbing, and HVAC Contractors doing 1, 2 & 3 Family work ONLY may register with a copy of a license issued by a Municipality after written examination.**

I do hereby certify that I am familiar with the requirements of the "Building Codes", that all required permits will be obtained, and all Ordinances of the City of Brooklyn strictly observed subject to forfeiture of the Certificate of Registration.

Has your Certificate of Registration ever been suspended or revoked? Yes / No If so, when? _____
Have you ever been convicted of a violation of the Building Code? Yes / No If so, when? _____
List another Municipality in which you hold a License or Registration:
Municipality: _____ License #: _____ Date Issued: _____ / _____

Please note – this form MUST BE signed and NOTARIZED! (Notary stamp and seal must be visible). **Applicant hereby states that He/She has the authority to enter into this document on behalf of the business known as**

(Company Name) _____ (Applicant Name).
(Name), being first duly sworn according to law, deposes and says that he / she is the applicant
and _____ (Title) of the _____ (Company Name) and that the facts contained in and
attached to the foregoing application are true to the best of his / her knowledge and belief. SWORN TO AND SUBSCRIBED IN
MY PRESENCE THIS _____ DAY OF _____, 2013.**Applicant Signature****Notary Signature, Stamp and Seal**

Note to Contractors: A permit is REQUIRED for ALL types of work! ANY Subcontractors that you may employ, MUST OBTAIN A CERTIFICATE OF REGISTRATION with the City of Brooklyn, Ohio.

Special Note: It is **YOUR** responsibility as a Contractor to remove all construction debris from premises where the work is being done, and to notify any Subcontractors that you may employ to register and to obtain any permits that are necessary.

OHIO UTILITY PROTECTION SERVICE

O.U.P.S.

1-800-362-2764

I hereby acknowledge I am aware it is my responsibility to comply with all of the rules and regulations of the Ohio Utility Protection Service as specified in the Ohio Revised Code, including but not limited to notifying the Ohio Utility Protection Service a minimum of forty-eight (48) hours, but not more than ten (10) days, before digging.

I further acknowledge that I am aware that failure to comply with the rules and ordinances of the City of Brooklyn, and/or the State of Ohio Utility Protection Service may result in the forfeit of construction and/or street opening deposits, and/or revocation of my City of Brooklyn Contractor Registration.

I am aware I will be given a Reference Number by the Ohio Utility Protection Service, and that I must retain this number for verification of compliance.

COMPANY: _____
(Name)

ADDRESS _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER (_____) _____ - _____

APPLICANT _____
(Please print)

SIGNATURE _____

DATE ____/____/20____

**THIS FORM MUST BE SIGNED, DATED, AND SUBMITTED
WITH THE CONTRACTOR REGISTRATION FORMS.**

CITY OF BROOKLYN QUESTIONNAIRE

**** ATTENTION CONTRACTORS ****

Please complete this questionnaire if you wish for your company name and phone number to be provided to our residents inquiring about contractors and the services they provide.

CONTRACTOR COMPANY NAME: _____

Choosing from the list below –

WRITE your **PRIMARY** type of work here: _____

In addition, please indicate with a check mark (✓) in the appropriate box below for additional types of work you would be available for:

- | | |
|---|---|
| <input type="checkbox"/> Asbestos abatement contractor | <input type="checkbox"/> Low voltage / communications |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Chimney cleaning / repair | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Painting / exterior |
| <input type="checkbox"/> Drywall / plastering | <input type="checkbox"/> Painting / interior |
| <input type="checkbox"/> Electrical – commercial | <input type="checkbox"/> Patio / Deck / Enclosures |
| <input type="checkbox"/> Electrical - residential | <input type="checkbox"/> Paving / Asphalt |
| <input type="checkbox"/> Excavation | <input type="checkbox"/> Paving / Concrete |
| <input type="checkbox"/> Fences | <input type="checkbox"/> Power washing |
| <input type="checkbox"/> Fireplace install / construction | <input type="checkbox"/> Plumbing - commercial |
| <input type="checkbox"/> Floor covering / tile setter | <input type="checkbox"/> Plumbing – residential |
| <input type="checkbox"/> Gas line repair – State certified YES <input type="checkbox"/> NO <input type="checkbox"/> | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Garages | <input type="checkbox"/> Room additions |
| <input type="checkbox"/> General remodeling | <input type="checkbox"/> Sewer |
| <input type="checkbox"/> Gutters / downspouts / soffits | <input type="checkbox"/> Siding |
| <input type="checkbox"/> Handyman | <input type="checkbox"/> Signs |
| <input type="checkbox"/> Hauling | <input type="checkbox"/> Snow plowing |
| <input type="checkbox"/> HVAC - commercial | <input type="checkbox"/> Sprinkler / Suppression / Alarms |
| <input type="checkbox"/> HVAC - residential | <input type="checkbox"/> Storage sheds |
| <input type="checkbox"/> Insulation | <input type="checkbox"/> Tent installer |
| <input type="checkbox"/> Kitchen / Bath remodeling | <input type="checkbox"/> Tree service / stump removal |
| <input type="checkbox"/> Landscaping / Lawn mowing / maintenance | <input type="checkbox"/> Water Control |
| <input type="checkbox"/> Lawn sprinklers | <input type="checkbox"/> Waterproofing |
| <input type="checkbox"/> Lead abatement contractor | <input type="checkbox"/> Window / Door replacement |

**** IMPORTANT ****

**PLEASE RETURN THIS INFORMATION SHEET ALONG WITH YOUR
GENERAL REGISTRATION**

LEAD SAFE WORK PRACTICES

www.epa.gov/lead

1-800-424-LEAD (5323)

I hereby acknowledge I am aware it is my responsibility to comply with all of the rules and regulations of the United States Environmental Protection Agency regarding lead safe work practices when performing lead paint disturbing activities in

pre-1978 residential or child occupying structures; and that my company must be EPA certified in lead-safe work practices to perform lead paint disturbing activities in pre-1978 residential or child occupying structures.

I further acknowledge that I am aware that failure to comply with the rules and ordinances of the City of Brooklyn may result in the revocation of my City of Brooklyn Contractor Registration.

Please attach a current lead safe certificate if applicable.

COMPANY: _____
(Name)

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE NUMBER (_____) _____ - _____

APPLICANT _____
(Please print)

SIGNATURE _____

DATE ____/____/20____

THIS FORM MUST BE SIGNED, DATED, AND
SUBMITTED WITH THE CONTRACTOR
REGISTRATION FORMS.



CUYAHOGA COUNTY BOARD OF HEALTH

US EPA's Renovation, Repair and Paint Program synopsis

Beginning April 22, 2010, contractors performing renovation, repair and painting projects that disturb paint in homes, child care facilities, and schools built before 1978 must be certified by the EPA and must follow specific work practices to prevent lead contamination.

Contractors must use lead-safe work practices and follow these three simple procedures: contain the work area, minimize dust and clean up thoroughly. Also, there are pre-renovation education requirements as well. Individuals can become certified renovators by taking an eight-hour training course from an EPA-approved training provider.

Requirements

- Anyone who receives financial compensation for work that disturbs paint in housing and child-occupied facilities built before 1978, this may include, but is not limited to:
 - Residential rental property owners/managers
 - Building service professionals
 - General contractors
 - Special trade contractors (Painters, Plumbers, Carpenters, Electricians)
- All individuals performing the activities are either EPA certified contractor or working under an EPA certified contractor
- All activities are performed in a lead safe fashion with containment
- Distribute lead pamphlet prior to work starting
- Post proper signage

Exemptions

- Residential units or child occupying facilities built after 1978
- Dedicated senior housing or group housing for adults only
- Houses declared lead-free by a stated licensed lead risk assessor or paint inspector
- Minor work that disturbs less than 6 ft² of paint/room or less than 20 ft² of paint on the outside (window replacement is not considered minor maintenance/repair)
- Homeowners doing work in their own occupied residential unit
- Emergency renovations (imminent threat to the health and/or safety of the occupants or adjacent properties)